

97906.0000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

John J. Coogan, Jr., et al.

Serial No. 09/805,610

Examiner: Weber, Jon P.

Filed: March 13, 2001

Group: 1651

For:

MONOCHROMATIC FLUID TREATMENT SYSTEMS

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Further to the filing of an Amendment and Response to Office Action including an unexecuted Declaration of Barry Ressler submitted on August 23, 2004, enclosed herewith is a fully executed original Declaration of Barry Ressler.

Date: August 31, 2004

Respectfully submitted,

Basam E. Nabulsi

Reg. No. 31,645

McCarter & English City Place 1 185 Asylum Street Hartford, CT 06103

Telephone: (203) 324-1800

HARTFORD: 622143.01

I hereby certify that this correspondence is being deposited with the United States Postal Service first class mail in an envelope addressed to: , Commissioner for Patents, Mail Stop P.O. Box 1450, Alexandria, VA 22313-1450

Date of Deposit

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Signature

Date of Signature

98103.00005



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DECLARATION OF BARRY RESSLER PURSUANT TO 37 CFR §1.132

Barry Ressler declares as follows:

- 1. That I am a joint inventor of the above-identified patent application that was filed in the U.S. Patent and Trademark Office ("PTO") on March 13, 2001, directed to "Monochromatic Fluid Treatment Systems," such application being identified as Serial No. 09/805,610 (the "Application").
- 2. That concurrently herewith an "Amendment and Response to Office Action Pursuant to 37 CFR §1.111" (the "Response") and a "Petition for Extension of Time" are being filed with the PTO.
- 3. That this Declaration is provided in support of the Response and is to be considered in conjunction therewith.
- 4. That as a joint inventor of the Application, I am thoroughly familiar with the invention giving rise to the Application, the content of the Application, and the research efforts associated with the subject matter disclosed and claimed in the Application.

- 5. That claims 1-9 and 16-20 of the Application are currently rejected by the PTO based on the teachings of U.S. Patent No. 5,730,934 to Holbert (the "Holbert '934 patent"), U.S. Patent No. 5,843,374 to Sizer et al. (the "Sizer '374 patent"), or U.S. Patent No. 6,194,821 to Nakamura (the "Nakamura '821 patent").
- 6. That with reference to claim 1 of the Application, none of the cited patents teaches or suggests a system for treating a <u>complex fluid</u> that includes, *inter alia*, (i) a non-laser light source for generating and transmitting substantially monochromatic light, (ii) a light emitting surface positioned relative to the non-laser light source for transmission of monochromatic light therethrough, (iii) a complex fluid positioned proximate to said light emitting surface, <u>wherein the complex fluid includes at least one component that is sensitive to a change in temperature</u>; and (iv) a cooling fluid in thermal communication with the light emitting surface, <u>the cooling fluid being effective to prevent the complex fluid from undergoing a temperature change damaging to the sensitive component.</u>
- 7. That a system for treating complex fluids was fabricated under the supervision of applicants and in accordance with the subject matter of claim 1 of the Application (the "Treatment System"). The Treatment System substantially corresponded to the treatment apparatus schematically depicted in Figs. 1-4 of the Application.
- 8. That the Treatment System has been used in treating blood components in accordance with claims 1-9 and 16-20 of the Application. Reports related to such testing are appended hereto as Exhibit A and Exhibit B, as follows:
 - Exhibit A: Report entitled "T3I Evaluation of Blood Components
 Irradiated by a Novel Monochromatic Light Source" prepared by Edward L.
 Snyder, M.D. et al. at the Yale University School of Medicine, Department of Laboratory Medicine, Blood Bank Research and Development Laboratory (the "Yale Report") (dates redacted);
 - Exhibit B: Report entitled "Evaluation of T3I Pathogen Inactivation System Using Porcine parvovirus" prepared by MicroBioTest, Inc., a company

- specializing in microbiology and virology laboratory procedures (the "MBT Report") (dates redacted).
- 9. That with reference to the Yale Report, "the purpose of [the] study was to determine the effects, if any, on blood components irradiated by a novel monochromatic light source," i.e., the Treatment System.
- 10. That the test procedure giving rise to the results reported in the Yale Report are set forth at pages 2-6 of the Yale Report for fresh frozen plasma, platelet concentrates, red blood cells, Adsol® solution (Baxter International, Deerfield, IL), and packed red blood cells ("PRBCs"). The assay measurement procedures are specifically set forth at pages 5-6 of the Yale Report.
- 11. That based on the testing reported in the Yale Study, "[n]o clinically significant effect due to irradiation [was] seen on the aliquots of fresh frozen plasma irradiated [with the claimed Treatment System] and stored for 24 hours as performed under the experimental conditions used." [See Yale Report, page 6.]
- 12. That based on the testing reported in the Yale Study, "[t]here is no clinically significant effect on platelets treated with high, low or medium doses of radiation [supplied by the claimed Treatment System] and then stored for up to 24 hours." [See Yale Report, page 7.]
- 13. That based on the testing reported in the Yale Study, "[f]or whole blood, radiation at different intensities produced no evidence of radiation-induced damage [with the claimed Treatment System]. Rather, the damage that was seen was attributable to sampling error and time of storage." [See Yale Report, page 8.]
- 14. That based on the testing reported in the Yale Study, "[f]or Adsol, radiation at different intensities produced no evidence of radiation-induced damage [with the claimed Treatment System]." [See Yale Report, page 9.]
- 15. That based on the testing reported in the Yale Study, "[p]acked red cells are not affected by T3I radiation using the protocols performed under this trial [with the claimed Treatment System]." [See Yale Report, page 9.]

16. That the authors of the Yale Report summarized their conclusions as follows:

While admitting that the sample population is small, under the conditions evaluated there appears to be no clinically significant damage inflicted on blood products due to T3I-induced irradiation [using the claimed Treatment System]...Thus, we believe that pending the results of more biologically intense data analyses, the T3I radiation process does not harm red blood cells, platelets or plasma proteins...Impression: T3I radiation methodology as used in this protocol, does not harm blood products used for transfusion."

Yale Report, page 10 (emphasis in original).

- 17. That the results and conclusions set forth in the Yale Report establish that the claimed Treatment System is effective to treat a complex fluid [i.e., fresh frozen plasma, platelet concentrates, red blood cells, Adsol® solution, and packed red blood cells] that includes "at least one component that is sensitive to a change in temperature" and that the claimed Treatment System is further "effective to prevent the complex fluid from undergoing a temperature change damaging to the sensitive component."
- 18. That with reference to the MBT Report, the MBT testing was "designed to provide proof of principle testing phase III and to validate virucidal effectiveness claims for a devise to be used as a virucide," i.e., the claimed Treatment System. "[The testing] determines the potential of the test agent [i.e., the claimed Treatment System] to disinfect blood and blood products contaminated with viruses." [See MBT Report, page 2]
- 19. That the test procedures and materials used in the MBT testing are set forth at pages 2-8 of the MBT Report. The T3I Hemalight system used in the MBT testing corresponded to the Treatment System referenced above. As set forth in the "Test Evaluation Criteria" at page 8, test sample infected with porcine parvovirus ("PPV") was deemed to be effectively treated by the claimed Treatment System "if there is a 4-5 log₁₀ reduction when test samples are compared to the Process controls of both FFP [fresh frozen plasma] and platelets respectively."

20. That based on the testing reported in the MBT Report, fresh frozen plasma and platelets were effectively treated using the claimed Treatment System. The author of the MBT Report summarized MBT's conclusions as follows:

When *Porcine parvovirus* (PPV)-spiked fresh frozen plasma (FFP) and platelet bags were exposed to T3I "Hemalight" system [the claimed Treatment System] by the sponsor, T3I "Hemalight" system inactivated ≥ 5 log₁₀ of infectious PPV, as compared to the process controls...These conclusions are based on observed data.

MBT Report, page 11.

- 21. That the results and conclusions set forth in the MBT Report establish that the claimed Treatment System is effective to treat a complex fluid [i.e., fresh frozen plasma and platelets] to inactivate a virus contained therein [i.e., PPV] to achieve a ≥ 5 log₁₀ reduction in infectious level as compared to a process control.
- 22. That when read together, the Yale Report and the MBT Report establish that the claimed Treatment System is capable of virus inactivation [≥ 5 log₁₀ reductions in infectious levels] of complex fluids that are infected, while simultaneously affecting no harm to sensitive components contained in such complex fluid.
- 23. That the results achieved in complex fluid treatment using the claimed treatment system as described herein are highly advantageous, unexpected, and clearly neither taught nor suggested in the prior art references relied upon in rejecting applicants' pending claims, i.e., the Holbert '934 patent, the Sizer '374 patent, and/or the Nakamura '821 patent.
- 24. That additional blood-related tests have been performed using treatment systems of the type claimed in the Application. These additional tests have involved a series of bacteria and viral organisms. These tests have been performed with third parties pursuant to confidentiality obligations that do not permit the test results to be disclosed. By way of summary, some of these blood-related test results involving other bacteria and viral organisms have satisfied applicable performance criteria (e.g., ≥ 5 log₁₀ reductions in infectious levels without damage to blood constituents) while other test results have failed to satisfy such performance criteria. However, no test results have contradicted or called into question the test results obtained by Yale

and MBT, as reported in the Yale Report and the MBT Report appended hereto as Exhibit A and Exhibit B, respectively.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: 5 23 04

BARRY RESSLER

HARTFORD: 621466.01

T3I – Evaluation of Blood Components Irradiated by a Newel Monochromatic Light Source

Yale University School of Medicine

Department of Laboratory Medicine

Blood Bank Research and Development Laboratory

New Haven, CT

REDACTED

Edward I. Snyder, M.D.

Laurene Baril, B.S.

Dorothy Dincecco, B.S., M.T. (ASCP)

Tammy Corda A.A.S

The purpose of this study was to determine the effects, if any, on blood components irradiated by a novel monochromatic light source. Both pooled and individual blood products were aliquoted and subjected to various radiation exposure intensity by T. I engineers at their facility. Various pertinent laboratory assays were used to evaluate possible product changes resulting from the treatment.

Materials and Methods

I. Fresh Frozen Plasma

- Pooled 4 units of in-dated, thawed, fresh frozen plasma into a 2L bag. Final tot 1
 volume 1179mL.
- Aliquots with volumes ranging from 50mL to 250mL were prepared using steril;
 docking device and transferred into 150mL transfer bags.
- Products were aliquoted and stored in a refrigerator (1-6°C) until pick up the next
 morning for treatment by T3I
- Products were irradiated at T3I facility.
- After radiation and return of bags, samples for assay, were removed from product containers using a sampling site coupler and syringe.
- All samples were frozen for batch testing both initial and 24hr samples. See
 TABLE I for assays performed.
- Automated instrumentation (MLA Electra 1000TM and MLA Electra 1800TM) was
 used for all coagulation time/factor assays.

II. Platelet Concentrates

- Pooled 5 units of four-day-old random douor platelet concentrates into a 1L ba 3.
 Mixed well. Total volume was 250mL.
- Aliquoted three (60 mL) samples using sterile docking device into 150mL transfer packs; stored in platelet incubator/shaker.
- The remaining three (20mL) platelet samples (now five days old) were aliquoted just before pickup for treatment.
- Products were irradiated at T31 facility.
- After radiation and return of bags, samples were removed from product contain rs
 using a sampling site coupler and syringe.
- All testing was performed same day and 24hrs later. LDH was refrigerated for hatch testing. P-Selectin (CD62) was also batched for testing. See TABLE II for as: ays performed.

III. Red Blood Cells

A. Whole Blood

- Whole blood equivalents were prepared by adding ABO compatible, thawed Fre. h
 Frozen Plasma to packed red blood cells (2 weeks old), with a resulting hematocrit ranging from 35 to 40%.
- Aliquots from each individual unit were made using a sterile docking device and transferred into 150mL transfer bags. Aliquot volumes ranged from 25 to 104mL and hematocrits ranged from 29%-68%. The latter was due to difficulties frequently

encountered in mixing blood. One must mix well but avoid high shear stresses which would induce mechanical hemolysis.

- Products were irradiated at T3I facility
- After radiation and return of bags, samples were removed from product contair ers
 using a sampling site coupler and syringe.
- Hemoglobin and hematocrit were performed the same day and 24hrs later. All other samples were frozen and batched for testing. Plasma hemoglobins were also sampled at 48hours. See TABLE III for assays performed.

B. ADSOL

- 3 individual units of Adsol RBC's (5-6 weeks old) with hematocrit ranging from 52-66% were used.
- Aliquots from each individual unit were made using a sterile docking device and transferred into 150mL transfer bags. Volumes ranged from 18 to 104mL.;
 hematocrits from 52-66%.
- Products were irradiated at T3I facility
- After radiation and return of bags, samples were removed from product contains susing a sampling site coupler and syringe.
- Hemoglobin and Hematocrit were performed the same day and 24hrs later. Plass na hemoglobins were also sampled at 48hours
- All other samples were frozen and batched for testing. See TABLE IV for assay;
 performed.

C. Packed Red Cells

- 3 individual units of packed red cells (1 week old) with a hematocrit ranging from 73-80% were used.
- Aliquots from each individual unit were made using sterile docking device and transferred into 150mL transfer bags. Volumes range from 15mL to 75mL; hematocrits from 73-80%.
- Products were irradiated at T3I facility.
- After radiation and return of bags, samples were removed from product containers using a sampling site coupler and syringe.
- Due to minimal plasma volume available from packed RBC's, all plasma supernatants removed, were diluted with equal volumes of normal saline to obta n adequate samples for K⁺, LDH, and plasma hemoglobin testing. Final results we re corrected for this 1:1 dilution.
- Hemoglobin and hematocrit were performed the same day and 24hrs later. All other samples were frozen and batched for testing. Plasma hemoglobins were also san pled at 48hours.
- See Table V for assays performed.

IV. Assay Measurement

- Hemoglobin and hematocrit measured using BAKER system 9110 hematology analyzer.
- LDH determined using HITACHI automatic analyzer 747-200.
- K⁺ determined using BECKMAN CX3 DELTA.

- ATP and 2,3- DPG determined using SIGMA Diagnostics kit spectrophotometric assay.
- Plasma Hemoglobin evaluated using Wians' direct spectrophotometric scanning procedure for quantitating plasma hemoglobin (HITACHI U-2000 Spectrophotometer).
- SOP's (Standard Operating Procedures) available on request for all procedures

RESULTS

Results seen for Fresh Frozen Plasma (Table 1) show that there was no clinically significant difference between results for the control aliquot (C-2) and the 9 test (irradiated products, C-1 and C-3 – C-10). Similarly, at 24-hours there was no clinically significant difference between the C-2 control of 13.6 secs for the prothrombin time (PT) and all results for the high, medium and low irradiated products that were stored for 24 hours. Similarly, for PTT (partial thromboplastin time), fibrinogen and Factor VIII, the levels of Factor VIII are slightly lower 24 hours after radiation and the PT and PTT clotting times are slightly longer after 24 hours of storage, versus immediately after irradiation on day 1. These changes are due to storage effect and not due to radiation Impression: No clinically significant effect due to irradiation seen on the aliquous of fresh frozen plasma irradiated and stored for 24 hours as performed under the experimental conditions used.

Results for Platelet Concentrates (Table 2), showed that there were no significant changes between control platelet count and test platelet count on the day of irradiat on nor were there clinically significant differences for platelet count for platelets store I for 24 hours control or test. The same is true for CD62, morphology score, LDH, pH, 102, pC02 or bicarbonate (HC03). For the osmotic recovery assay, there is a slight suggestion that osmotic recovery may have decreased 24 hours after irradiation in the test group compared to control which was the same, 50% on day 0 and on day 1 after radiation for control. This trend, however, should likely have been re-enforced by additional in vitro results which did not show a similar trend. There appears to be 10 substantial change in platelet count or platelet functionality after radiation at high, medium or low treatment protocol levels. Additional studies would be indicated for indated platelets stored for a full 5 days post irradiation.

Impression: There is no clinically significant effect on platelets treated with high, low or medium doses of radiation and then stored for up to 24 hours.

For whole blood, (Table 3) results show a wide variation in the levels of hemoglobir in aliquots of units WB A1, WB A2. Aliquots from other units such as WB A6, WB A4, are much more consistent. In addition, there are several examples of a lack of consistency in aliquot hemoglobin concentrations and hemoglobin between Day 0 and Day 1 samples. For example, het (hematocrit) for WB B7 at day 1 is different from VB B7 at 24 hours post. This is mostly likely due to sampling issues as described above. The C5 unit series, did not show such changes. This was most likely an error in

processing rather than an actual effect of radiation. Hematocrit follows similarly w th hemoglobin, as does LDH and potassium levels. For LDH the highest levels such is WB A1, WB A2, correlate with the highest levels of hemoglobin. Similarly, WB A1, ard A2, at 24 hours are also high. WB B1, and WB B2, are also high for LDH, 662 and 549 but they, too, are also associated with the higher hemoglobin levels of 17.3, 17.3. Simi arly, potassium is elevated for the WB B1, WB B2, and the WB A1, and WB A2. No such analyte elevation were noted in the WB "C group" which had much more uniform a iquot distribution. For ATP there was no clinically significant difference between the pre and the post for any of the samples evaluated. Plasma hemoglobin was similarly elevate 1 in the A1, A2 and B1, B2, groups. The plasma hemoglobin level for WB A2, of 8.5 is .ow and is most likely explained as aliquot maldistribution rather than an effect of irradiation. No problems were seen with plasma hemoglobin determination on the C5 group. Pe cent hemolysis paralleled that of plasma hemoglobin and the 48-hour hemoglobin values showed no specific changes. All changes seen were likely due to storage. Impression: For whole blood, radiation at different intensities produced no evidence of radiation-induced damage. Rather, the damage that was seen was attributable to sampling error and time of storage.

Table 4, Adsol: Results for Adsol where the plasma has been replaced with crystallo d solution were similar. However, Adsol aliquots were more consistent in that the hemoglobins were much similar between control and test, for all groups, A, B, and C. The LDHs, potassiums, plasma hemoglobins and percent hemolysis were also similar

among the aliquots of all three Adsol units tested. ATP levels were somewhat lower than were seen for whole blood which could relate to the storage age of the product but the differences in ATP levels were not clinically significantly different. Forty-eigh: hour plasma hemoglobin levels were also all comparable.

Impression: For Adsol, radiation at different intensities produced no evidence of radiation-induced damage.

For Packed Red Blood Cells (Table 5), the results of the aliquoting was consistent as seen by similar values for plasma hemoglobin, hematocrit, LDH and potassium. A TPs again showed no clinically significant differences. No evidence of irradiation-induced damage was seen, no trends were seen, no clinically significant changes were seen. Impression: Packed red cells are not affected by T31 radiation using the protocols performed under this trial.

Discussion:

The purpose of this pilot research project was to evaluate the effect of varying intens ties of monochromatic light radiation on transfusable blood products. These components include thawed fresh frozen plasma, platelet concentrates and three types of red cells with varying hematocrits. Results showed changes related to storage time and distribution of sample but not, on a consistent basis, due to T3I radiation. Had radiation been a problem markedly abnormal results should have been seen in various assays. Such multi-assay abnormalities were not seen. Changes induced by radiation should not be subtle. Those

analyte results that were out of the ordinary or appeared erroneous were isolated an I were not corroborated by similar changes in other analytes.

Our final impression is that there is no consistent trend. While admitting that the sample population is small, under the conditions evaluated there appears to be no clinically significant damage inflicted on blood products due to T3I-induced irradiation. Consistent changes due to storage of blood products for 24-48 hours post radiation, however, were seen. It would appear that there are no reasons not to proceed to the second phase of testing and proceed to more intense product evaluation. Thus, we believe that pending the results of more biologically intense data analyses, the T3I radiation process does not harm red blood cells, platelets or plasma proteins. Further studies will be done in the more intensive Phase II studies.

Impression: T3I radiation methodology as used in this protocol, does not harm blood products used for transfusion.

Table I - Fresh Frozen Plasma Results

ALIQUOT POST	TREATMENT	PT	PTT	FIRRINGS	N FACTOR VIII (
C-2 97ml CONTROL	N/A	13.1	35,4	1010000		9
			30,4	227	67	
C-1 251ml	MED	13.0	1 25 4			
C-3 101ml	MED	13.0	35.4 35.6	218	65	
C-4 101ml	н	13.0		216	64	
C-5 57ml	LOW	12.9	35.8	223	65	<u> </u>
C-6 51ml	MED		35.7	242	65	
C-7 50ml		13.2	35.6	224	64	
C-8 51ml	HIGH	13.0	35.7	221	63	
C-9 50ml	HIGH	13.1	36.3	207	60	T
	HIGH	13.0	35.5	225	63	
C-10 50ml Mean	LOW	13.0	34.9	222	66	
1 SD	•	13.0	35.6	222	64	†
		0.08	0.37	9.4	1.8	
ALIQUOT 24Hr.	TREATMENT	PT	PTT	FIRMMOOFM		
C-2 97ml CONTROL	N/A	13.6	36.5	217	FACTOR VIII	·
				211	61	
C-1 251ml	MED	13.7	36.2	211	59	
C-3 101ml	MED	13.7	36.7	216	61	
C-4 101ml C-5 57ml	HI	13.8	37.0	219	61	
C-6 51ml	LOW	13.7	36.6	227	60	
C-7 50ml	MED	13.6	36.4	233	62	
C-8 51ml	HIGH HIGH	13.6	36.6	229	61	
C-9 50ml	HIGH	13.6	38.0	232	61	
C-10 50ml	LOW	13.8	36.7	222	60	
Mean	LOW	13.5 13.7	36.0	233	63	
1 SD	1	0.10	36.5	225	61	
		V. 10	0.34	8	1	
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			-			

Table II Platefet Concentrate Results

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HCO,		8.6	8.9	8		82	6.8	6.5	7.8	:	3			5	(mmeth.)	1.7	7.8	12	12	P	a C	i a	4 6			T
рН рО2 флинаў рСО2 флина)		24	23.0	23.0	42.0	12.0	12.0	11.0	16.2	42	***	† 		PCO ₃ (mmH ₂)		22.3	24.3	23.3	129	13.2	129		59		+	
pO ₂ ¢mmHgj	ŀ		72	99	404	3 8	S	83	88.8	17.0				PO2 (mmHg)		69	88	83	100	25	066	83	16.1	- 		<u> </u>
PH (25° C)	1	27.7	7.11	7.11	7.27	133	,	7.29	7.21	60.0		+	1	E 65	7	7.05	7.02	7.03	7.08	7.09	7.09	7.06	80			
LDH (% released)	8.2		7.0	6.6	7.3	1.7		6.8	7.0	0,3			20.70		ヿ	17.1	17.3	16.8	18.4	18.3	18.1	18	0.8			
Osmotic Recovery (%)	80		B	28	47	90	2	ô	35	5.1			Osmotic	Recovery (%)	1	B	45	45	3	43	45	4	1:4		-	
Morphology Score (Max = 800)	287	200	+ 00	2770	598	802	63		603	12	value with leukareduced products		Morphology	-		202	Dad	200	933	040	Since 1	760	77			_
CD62 (% activated)	34.4	418	207	20.0	42.0	39.0	38.2	664	40.2	1.8	te with leukore		CD82 (%		42.5	244.2	417	47.8	45.0	48.0		1	+			
Plateiet (x10³/uL)	1540	1520	1470		1520	1370	1370	0871	ASE.				Platelet	(x103/nL)	1450	1470	1410	1310	1400	1370	1302	58.5		-		
TREATMENT	N/A	HOH	MO'I	הטה		MED	TOW			f penyated due to	OI AND DAY UND IN			TREATMENT	NIA											
ALIQUOT POST	D-1 CONTROL 57ml	B-2 60ml	B-3 60ml	B4 20ml	D 6 20-1	-a- 70ml	B-6 20m	MEAN	180	Note: WBC (x 10 ³ /µl)not renorted due to					B-1 CONTROL 57ml	B-2 60ml	B-3 60mi	B-4 20mi	B-5 20ml	B-6 20ml	MEAN	180				

Table III - Whole Blood Results

					I							% Hemo-	lysks	0.47	140	64.0	0.05	0.18	0.05	0.05	0.1	0.08								Γ			T
												Piesma	ngo(rag/al.) - 48 //r	30.6	78.7	71.1	22.3	50.9	80.1	5.9	39.2	31.4									- -		
% Нешо	lysis	90.0	0.11	0.01	800	0 11	200	300	0.03 0.03	200	0.04	% Hemo-		0.04	0.12	0.70	0.05	0.13	0.04	0.04	0.08	0.0	% Herno		90.0	0.14	0.02	0.00	0.08	20.0	1. 800	0.07	0.05
Plaama	긔	10.2	78.7	8.5	34.1	35.9	5.5	3	**	26.73	707	Plasma	(mg/dL)	6.7	83	56.4	20.7	42.3	8.6	4.5	35.6	30.8		(mg/dl_)	10.8	54.3	5.7	30.5	23.9	10.2	8.7	┞	18.4
	umol/g Hb											2,3-DPG	umolfg Hb										2,3-DPG			1		1					
АТР	aH 6/lowin	3.78	2	Ę	Ę	T/N	3.59	Ł	AVA	N/A		ATP	aH B/lown	3.59	Ł	ž	ž	Ž	20,77	Ž	¥ S	Z.A	ATP /	_1_	6,30	≥	Į.	Ž	≨	4.78	LVI	N/A	N/A
¥,		4	4	20.0	23.3	19.8	12.3	11.6	20.8	7.8	3	Y STOR	A .	14.8	3	0.62	24.8	7:17	2,50	5,25	338	3		13	5 5	7.8.5	10.0	e: ;	15.6	174	+		3.7
H = =	3	3 5	787		8/8	18	463	438	819	334			(0,1)	284	3 3	857	3 5 5	26	787	2 6	3 8	3	3 2 3 2 4 3	33	8	700	2 2			+	4	287	2
	इ ह	3 8	3 4	3 2	'n	8	8	3	50.0	16.7	MAB.	HCT	38	S	3 8	3 2	5 6	7 6	, %	49.3	22	198	는 는	38	2	十	十	T	十	十	十	1	1.5
WB Hgb (g/dL)	12.5	12	200	5 0 0	701	16.1	9.3	10.5	16.0	5.1	1470 14-1	(Tly/U)	44.5	2 2	1 6	100	180	104	87	15.8	5.2		(9/dL)	17.2	17.3	17.3	18.8	a u	2 5	3	4	300	3
TREAT.	X	æ	A	c		>	4	4	¥	¥N V	TREAT.	MENT	N/A	S a	A	C	0	4	4	¥ _N	¥ ¥ ¥	-	MENT	₽¥	60	<	O	C		†	÷	N N	1
ALIDUOT	WB AS CTRL 76ml	WB A1 39mi	WB A2 41ml	WB A3 38ml	WR A4 30ml	WR AR 78ml	MP A7 44Em		MEAN	150	Al follot boot		WB A5 CTRL 76ml	WB A1 39ml	WB A2 41ml	WB A3 38ml	WB A4 39ml	WB A6 76ml	WB A7 145ml	MEAN	18D		ALIQUOT	WB 85 CTRL 74mi	WB B1 35mi	WB B2 38ml	WB B3 34ml	WB B4 40mi	WB 88 75ml		+	130	

Table III - Whole Blood Results

	_	_	9/4/							•	
ALIQUOT POST 24hr	MENT	WB Hgb (g/dL)		ਜ 5	(Tumoth)	ATP Imolfo Hb	2,3-0PG	Plasma Hgb	% Hemo-	Plasma Hab(ma/dt.)	% Hemo-
WB B5 CTRL 74ml	A/W	2	ē ;		┩	a Salar		(mg/dir)	Sigk;	48 hr	lysis
WB B1 35ml	Ļ		5	2/2	12.5	4.54		12.9	0.08	24.8	0.47
			8	8	20.5	Ę		88.7	9.0	70.0	
WE 52 38m	¥	17.0	54	625	20.1	Ę		1 66	2 :	0.0	0.19
WB B3 34ml	O	8.8	53	Ş	3			38.5	0.10	94.2	0.25
WB 84 40ml	0	5.0	3 8	202	2	Ę		42.1	0.12	48.8	0 14
WB B6 75ml	A	٥	2 5	S	7.7.	Ž		38.2	0.12	52.8	0.17
WB 87 141ml		3 :	3	SS	11.4	4.49		10.	0.07	13.3	000
MEAN			17	32	10.7	Ę		8.1	28.0	00	
150	¥ 2	5.4	44.2	523	16.5	N/A		33.9	250	0.0	0.07
	5	9:	12.3	158	4.4	NA		22.0	80	32.9	7 0
ALIQUOT	MENT	Wa Hgb (r/dL)	두	¥ (٠ أ	_	2,3-DPG	Plasma	% Hemo-		3
WB C5 CTRL 75ml	N/A	6	3		!	Q H	umol/g Hb		lysis		
	S a	700	9 9	ž	14.3	4.36		23.2	0.11	<u> </u>	
WB C2 41ml			₹!	8	14.0	L'N		12.3	900		
WB C3 38mf		2	4	929	14.3	ĻΝ		28.4			
WB C441ml	7	31,	4	674	14.5	ΝŢ		30.7	5 5 6	1	
WB C6 74m	3	1000	4	828	14.3	Ę		37	0.18		
WB C7 141ml		100	₹ 5		14.2	3.83		24.9	0.11	+	
MEAN	N/N	2 6	3	S S	14.4	Ę		19,6	0.08	1	
180	Z Z	3 5	121	2	14.3	N/A		25.2	0.11	-	
	T	3	7	4	0.2	N/A		8.6	0.04	 	
UOT POST	TREAT.	WE! Hgb		LOH Coh	¥	ATP ,	-	t.			
		(E/dF)	*	(CR.)	(mmol/L)	£	STOCK TO THE		% Hemo-He	Hgb(mg/dL) -	% Hemo-
WB C5 CTRL, 75mt	NA	13.6	t	877	180	_	-4	(mg/df.)		48 hr	lysis
WB C1 39ml	В	129	\dagger	+		80%		4	0.14	41.8	0.18
WB C2 41ml	4	13.6	t	283	000			-	0.20	╁	0.24
WB C3 38ml	Q	13.4	t	1	200	Ž		Щ	0.13	├	0.18
WB C4 41ml	٥	13.5	1	+	200	Ž		_	0.37	47.2	0.21
WB C8 74ml	A	12.9	†	+-	15.0		1	37.9	0.18	\vdash	0.25
110 Ct 14 (IIII	₹	15.3	1-		-	0 10	-	-	0 13 1	┢	3
MEAN	N/A	H		╀	╁			-	0.10	83.3	0.36
USD.	NA	33	╀	╀	+	N/N	1	40.3	0.2	-	0.2
				1	\mathbf{I}			4		-	0.08

Table IV - Adsol Results

Г	•	T	T	7	7	٦		_	Γ	Т	Т			Т	Т	7	_	_		_	Т	Т	Т	T			_	_		ı	_	_	-	_			
		1										& Homo	(yals		0.14	0.07	0.23	0.25	0.24	0.31	020		-	\$												% Hemo-	
									٠		-	,,	Hgb(mg/dL)	9 07	40.0	60.00	5.07	88.4	85.8	126.7	82.9	81.0	324													Plasma Hgb(mg/dL)-	#8 hr
% Hemo		040	26.0	77.5		3	C. 1	0.18	0.18	0.2	83	% Напо-	iyals	26.0	9000	25.0		2,51	0.78	0.18	0.19	0.2	9		70 Framo- Ivals		2,1	0.72	0.76	0.14	0.12	0.15	0.09	0.1	2	% Hemo- tysts	,
Plasma Hob		45	77.8	DE E	2000	, , ,	75	634	8	68.9	10.2	Plasma Hgb	(mg/dL)	73.5	95 R	82.5	2004	R:001	00./	73.2	72.0	83.3	16.2	1	(mg/dL)	0.50	5/2/20	3 5 5	102B	90.3	74.4	93.3	57.8	80.6	17.7	Plasma Hgb (mg/dL)	
23-0PG												2,3-DPG	dH gylomu											22.000	umof/g Hb			1							-	2,3-DPG umot/g Hb	
ATP	umol/g Hb	2.22	ĘŽ	ž	ž	ξN		1	Ž	ĕ	MA	ATP	aH B/Jown	2.14	Ş	150	ż	Z/N		Z-10	Ž	¥	Y Y	АТР	umol/g Hb	235	LN	Į.			₹,	6.74	Ž	¥	NA	ATP umol/g Hb	
노	(mmaffl.)	41.8	420	422	42.4	42	140	2 2	0.	42.0	5:0	<u>₩</u>	(mmott.)	42.4	42.5	42.8	40.6	8	900		4	41.3	1:1	¥	(mmoth.)	43.3	42.8	42 R	200		?	2 5	4.5	47.4	4.	K†	
5	(<u>2</u> 5)	208	187	199	149	159	143	1	74.2	***************************************	7,47	<u>H</u>	(ML)	240	299	336	142	138	445	407	22,	134.7	86,4	된	3	263	298	280	287	275	250	316	27.7	C.C.2.2	C.51	GE,	
ADS		23	53	53	53	33	53	523	3 2		314	울호	(%)	25	æ	51	83	ಔ	13	A.A.	362	3	- 1	\$ 5 5	કે ફ	99	62	67	68	85	S E	ag	0 23	36	3	3 ± 8	
ADS Hgb	(9/dL)	18.7	16.9	16.7	16.9	16.9	16.8	186	180			ADS Hgb	1	16.7	16.2	16.5	16.6	17.1	17.8	17.3	48.0			ADS Hgb	(3/df.)	20.9	19.8	21.2	20.7	7.17	20.8	8 0%	22.7		2	ADS Hgb (g/dL)	
TREAT		-	√		ပ	۵	∀	 -	 -	1		TREAT-	7	<u>د</u> ا ل	4	8	ပ	۵	4	 -				TREATM	ENT	W/A	4	æ	ပ	۵	K	▼				TEATM	
	ALIQUOT POST	ADS AB CONTROL 32mi	THON IN OUR	100 A 2 A 100 A	ALO AS 43E	AUS A4 SEMI	AUS A6 35m	ADS A7 88ml	MEAN	180			ALIGUOI POST 24hr	ADO AL SOM	ADS AT 40m	MUS AZ ZYM	AUG AG 4517	ADS A4 39ml	ADS A6 35ml	ADS A7 88ml	MEAN	1SD			ALIQUOT POST	ADS B5 CONTROL 52ml	ADS B1 ZSm	AUS BZ 30ml	ADS B3 29ml	ADS B4 30ml	ADS B6 54ml	ADS B7 80ml	MEAN	18D		ALIQUOT POST 24hr	

Table IV - Adsol Results

	900	200		04.0	0 43	007	555	77.5	- C												% Home	Pais Siav	0.00	940	0.27	0.20	023		0.27
	58.0	48.0	52.0	65.4	75.0	46.2	88 A	3 8	123												Piasma	Hgb(mg/dL) -	87.8	820	71.8	69.1	81.8		73.3
	0.12	0.13	0.13	0.10	0.13	0,10	200	5	90	% Hemo-	lysis	0.19	0.12	0.05	0.19	0.19	0.20	0.14	50	0.3	-	lysts H	0.24	0.25	0.37	0.22	0.24		0.27
	72.8	82.3	71.1	55.4	75.7	62.3	42	64.8	14.7	Plasma Hgb	(mgran)	67.1	43.6	17.4	67.4	. 0.69	71.0	49.4	53.0	20.8	会		84.1	87.2	128.9	76.8	83.5	4	83.8
									·	23-DPG	CU RADIUM										<u> </u>	dH g/journ						-	
	2.24	Ş	NT	Τ/N	₹	2.37	Ę	AN	NA	ATP		3.78	Ž !	\ ≥	ž	Ę	3.23	Į.	¥	¥		amol/g Hb	3,36	Ž	S !		¥.	3.10	
	4.7	43.1	43.6	422	44.1	43.8	44.1	43.8	0.4		+	2.85	200	8.95	8.8	0.0 0.0	40.0	₹ 22.2	3. 5.	0.2	<u> </u>	_	40.5	39.9	40.4	40.1	404	¢.∵	300
	317	415	344	451	387	8 8	282	363.8	65.5	<u> </u>	, ,	5 65	3 4	101		2	12/	2	2100	ROL			174	747	250	8 8	802 202 203 203 203 203 203 203 203 203 2	273	┝
	B	١	98	\$	\$ 5	à	8	65.6	1.4	3 5 E	S 2	3 2	3 2	35	36	3 8	38	3 2	336	3	-	\neg	25	3 3	3 6	3 52	38	3	53
988	900	17 8	20.0	5.5	5,02	0,02	707	20.8	0.3	ADS Hgb (g/dL)	180	17.3	18.0	25-	17.2	1,2	2,4	1.64	::	*	ADS Hgb		7,	3 :	18.8	48.8	18.8		18.8
V/N		داه			1	{				TREATM	4%	4	8	0				† 		1	Σ		\ \ \ \		0			-	_
ADS B5 CONTROL 52ml	ADS 81 29ml	ADS B2 30ml	ADS R3 29ml	ADS R4 30mi	ADS B8 54m	ADS B7 80ml	MEAN	465		ALIGNOT	ADS C5 CONTROL 54mi	ADS C1 25ml	ADS C2 27ml	ADS C3 26m	ADS C4 28ml	ADS C8 49ml	ADS C7 104ml	MEAN	138		•	ADS CS CONTROL FAMIL	ADS C: 25ml	ADS C2 27ml	ADS C3 26ml	ADS C4 26ml	ADS C6 49ml	ADS C7 104ml	

Table V . Packed RBC's Results

											% Hemos	at sta	0.15	0.18	0.22	Ę	Ž	800	80.0	0.13	0.09									T				T
					-	<u> </u>			<u> </u>		Plasma	190(mg/al.) -	164.2	165.6	215	Ž	Ę	28.1	84.3	123.3	83.2											-		
% Hemo-	286	0.74	0.18	0.30	0.23	200	100	300	2 5	200	% Hemo-	tysis	a.19	0.17	0.19	0.02	0.18	0.03	0.24	0.14	0.08	% Hemo-	Apple	0.72	0.12	0.09	9005	0.14	0.09	SZ.	0.1	0.0		Ť
Pleama Hgb	(Tagau)	124.2	147.8	249.1	201.1	187.5	40.8	1544	189 8	70.3	Pleasma Hgb	(mg/dl_)	188.8	153.6	188.5	22.7	163.8	31.6	248.6	134.8	89.7	Piestna Hgb	1 647	100.7	136.8	107.5	80.3	141.8	108	72.2	104.1	33.0		F
2,3.0PG										ľ	2.3-OPG	al Biomi				1					_1	23-CPG	1_	1	1	1	1	1	1	1				_
ATP I molfo Lib	CLI RAIGHE	16.1	Ž	Ę	5	Ę	3.04	ĘŽ	ž	≸	ATP	dH gylomu	2.58	٤	ž!	2	Ž	2.74	Ž	¥	W.W.	 ≨		Ę	ţ		2 2	2	16.9	₹	<u></u>	NA NA	+	_
K* (mmolft)	27.6		7.07	22.8	28.8	27.4	27.2	28.2	27.1	0.7	K* (mmonut)		23.0	407	9,75	717	787	8	887	71.7	R.O		53.6	54.5	605	70.7	£ £	3 3	30.4	3 2	210	0:	- 	- ·
LDH (U/L)	RRO	1487	5 6	eca (948	1230	926	882	1017.0	143.2	LDH (U/L.)	238	1040	000	200	4226	0000	3 23	878	2/2	Æ		1772	2758	1684	280	1834	1530	1	1945.0	20 VCV	74.70		
HCT (%)	2	2	12	72	2	73	೯	73	72.7	0.5	PRBC	_	2 2	75	2 15	2 2	g g	2 8	2 2		PRBC	٠,	20	11	g.	12	2	2	Ę	77.6	6			₫·
PRBC Hgb (g/dt.)	24.3	23.0	23.4	22.2	2007	24.0	22.9	23.2	23.3	0,4	PRBC Hgb (g/dL)	243	23.9	24.7	24.3	243	245	244	24.4	0.3	PRBC Hab	(B)(G)	26.3	28.5	25.4	28.3	252	280	28.1	25.9	0,5		<u> </u>	-
MENT	N/A	4	_	C	,	2	۲.	4			MENT	N/A	4	6	O	0	4	4			1	.Т	¥.	A	8	ပ	a	4	4				-	
ALIQUOT	PRC A6 CONTROL 38m	PRC A1 33ml	PRC A2 20ml	PRC A3 17ml	PRC A4 15ml	PRC AR 28m	DDC A7 74		Agn 4gn		ALIGUOT POST 24hi:	PRC A5 CONTROL 36th	PRC A1 33mi	PRC A2 20mi	PRC A3 17ml	PRC A4 15mi	PRC A6 38ml	PRC A7 74mi	MEAN	180		ALIQUOT	AC BS CONTROL 3911	PRC B1 19m	PRC B2 (9ml	PRC B3 19ml	PRC 84 20ml	PRC 86 39ml	PRC 87 74ml	MEAN	180			

Table V. Packed RBC's Results

è				Ţ	Ţ	T.	Ĺ	T	Τ	T	1			Τ	Τ	T	Ţ	1	T	Τ	T	T .		Т	Т	Τ	T-	T	Т	_	T	7
% Hamo		0.11	0	g	0	0.17	0 15		0.1	0				<u> </u> 								% Hemo	lyats	0.12	200	0.12	9	18	232	1 6		
Plasma Hgb(mg/dL)-	8 Er	141.5	47.4	105.2	28.4	208.3	44	143.8	1122	67.0					†		† 	 	- 			Plasma Kebimotdi 1	48 fr	142.1	9,09	145	22.5	187.8	138.1	164.7	18.1	
% Hemo-		0.09	0.21	0.13	0.09	90'0	0.14	90.0	0.1	0.1	% Hamo. Ivsta	,	0.12	0.18	0.15	0.29	0.15	0.04	0.13	0.16	0.08	7	1758	0.16	0.04	0.15	0.18	0.17	0.17	0.18	0.2	
Plesme Hgb (mg/dL)		119.6	280.1	170.5	118.6	69.7	166.5	74.1	143.3	7.17	Plasma Hgb (mg/dl.)		169.6	164.8	177.4	337.8	198.9	56.8	162.8	183.1	80.5	Plasma Hgb	(migration)	185,6	40.7	185	204.1	179.9	200.4	213,4	170.6	-
2.3-DPG umol/g Hb											2,8-OPG umolig Hb											2,3-0PG	4		1					1		-
ATP umol/g Hb		2.27	Ž	Ę	Ę	Ę	2.09	Ş	₹.	AN A	ATP umol/g Hb		77.7	₹	Ę	Ę	L Z	2.18	Į.	¥.	AA.	ATP ' .	┵	757	2 2	Ž	Ę.	Į.	2.58	L.	₹	4
الأد رييسموره	6.8.8	27.00	8 4 8	41.8	24.4	200	8	28.8	32.7	0.0	K (mmotr.)			428	8.	482	4.6	21.8	37.4	C:A	7	K (mmolfi.)	9 23	0.10	7:12	900	8 4 6 6 6	487	0.5	2:5	200	7
רבא (מער)	4000	0061	1507	190	#02	8	7/8/7	1866	4020 A	2000.6	LOH (U/L.)	4004			13/6	385	000	1430	1190	366	ı	LDH (U/L) X	1578	3708	1824	1000	020	1 2 2 2	3 5	1000	SAS CAS	-
PRBC HCT (%)	\$	3 8		5 8	3 2	2 2	98	S é	300		PRBC HCT (%)	28	E	2 8		0 6	300	i e	3 2	2 67	, C000	_	82	77	6,2	2 8	200	2 8	2 8	+	2	
PRBC Hgb (g/dL)	28.0	28.4	28.0	283	78.4	25.5	7 86	28.5	0.3		PRBC Hgb (g/dl_)	25.6	24.4	25.7	7.40	28.2	28.3	28.0	25.7	0.7	1000	(a)dL)	8	24.1	25,6	25.3	24.7	25.4	26.6	25.1	9.0	
TREAT. MENT	N/A	A	- E	O	0	A	A			1	TREAT. MENT	A/N	A	8	C		V	4			TREAT.		N/A	A	8	O	6	4	4			
ALIQUOT 24hr	PRC B5 CONTROL 39m	PRC B1 19mt	PRC B2 19ml	PRC B3 19ml	PRC B4 20ml	PRC BB 39mf	PRC B7 74ml	MEAN	1SD		ALIQUOT	PRC C5 CONTROL 34m	PRC C1 18m	PRC C2 19ml	PRC C3 24m	PRC C4 19ml	PRC C6 40ml	PRC C7 75ml	MEAN	18D		. l	PRC CS CONTROL 34m	PRC Ct 18ml	PRC C2 19ml	PRC C3 24mi	PRC C4 19ml	PRC C6 40ml	PRC C7 75ml	MEAN	180	



MicroBioTest Protocol

EVALUATION OF T³I PATHOGEN INACTIVATION SYSTEM

Using Porcine parvovirus

Prepared for TRITON THALASSIC TECHNOLOGIES INC. 241 Ethan Allen Highway Ridgefield, CT 06877

EDASTAGE PARTIES REDACTED

Page 1 of 10



OBJECTIVE:

This test is designed to provide proof of principle testing phase III and to validate virucidal effectiveness claims for a devise to be used as a virucide. It determines the potential of the test agent to disinfect blood and blood products contaminated with viruses. The test is designed to simulate consumer use and follows the procedure outlined in the American Society for Test Materials (ASTM) test method designated E 1052-96, entitled "Standard Test Method for Efficacy of Antimicrobial Agents Against Viruses in Suspension." The study will be conducted under FDA GLP regulations 21 CFR §58 and the data generated will be used by the sponsor for internal purposes.

TESTING CONDITIONS:

Porcine parvovirus (PPV) spiked blood and blood products will be irradiated using the T³I apparatus operated at room temperature. T³I technicians will operate the machine. After the exposure period (as determined by T³I), the sample will be analyzed for the presence of any residual infectious PPV. Results will be recorded as log₁₀-virus inactivation.

MATERIALS:

A. Test, control and reference substances will be supplied by the sponsor of the study (see last page).

The T³I apparatus will be delivered and installed by T³I technicians. MicroBioTest will provide an area with controlled access. MicroBioTest will provide water and electrical utilities. Safety protocols (PPE, training, etc.) will be discussed by T³I and the lab and mutually agreed to prior to initiation of the test.

Blood components will be supplied by a blood bank (T³i has made arrangement with Biological Specialty Laboratories through Dr. Steve Diamond to deliver the blood products as and when required by MicroBioTest).

The lab will aliquot blood products into the process bags supplied by T³I. These bags have standard, closable, openings for filling, spiking and post treatment sampling. Only T³I personnel will handle the bags during the irradiation process step. Post-test, virology lab will analyze the samples and the remaining samples will be discarded in a manner that meets the approval of the safety officer.

- B. Materials supplied by MicroBioTest, Inc., including, but not limited to:
 - 1. Challenge virus as requested by the sponsor of the study: Porcine parvovirus (PPV).
 - 2. Host cell line: Appropriate for the virus used.
 - 3. Laboratory equipment and supplies.
 - 4. Media and reagents:
 - a. Appropriate cell culture media.
 - b. Appropriate buffered saline solution.
 - c. Fluorescein isothiocyanate (FITC)-conjugated Anti-PPV antiserum.

EXPERIMENTAL DESIGN:

All of the procedures involved in performance of this study are described in a detailed series of SOPs that are maintained at MicroBioTest, Inc.

A. Inoculum preparation:

Viral stocks are secured from reputable sources and are propagated at MicroBioTest, Inc. Records are maintained that demonstrate the origin of the virus. The viral stocks are titered, and stored at or below -70C.

Frozen viral stocks will be thawed on the day of the test (fresh stock cultures may be used also).

B. Test sample preparation and testing:

The volume of blood components, size of bags, and doses delivered in this experimental plan have been selected by the sponsor of the study to provide maximum overlap between earlier and later experiments as directed by T³I. To minimize handling of contaminated samples, the plan requires that each transfer bag be sampled once only. Controls, filled and sampled but not irradiated, are used to establish a non-treated baseline. Both plasma and platelets will be used.

1. Fresh Frozen Plasma (FFP):

Two units of FFP, volume ~ 300 ml each, will be divided into eleven 50 mL samples in 150 mL T³I supplied transfer bags and spiked with 10% of the challenge virus (see below).

Sample	FFP in 150 mL bags	Description of Irradiation
No.	(mL)	J/cm ²
1	50	A "process control"
2	50	В
3	50	С
4	50	D
5	50	E .
6	50	F
7	50	G
8	50	Н
9	50	
10	. 50	J
11	~50	K "not spiked"
		cytotoxicity and viral interference

Note: "B-K" will be processed by the sponsor (T3I) and MicroBioTest has no knowledge of the level of the treatment process. "A" receives no treatment.

Post-treatment, the irradiated samples will be assayed for the presence of any residual infectious virus.

2. Platelets:

Three units of random platelet concentrates, volume ~ 65 ml each, will be divided into nine 20-mL samples in 150 ml T³I supplied transfer bags and spiked with 10% of the challenge virus (see below).

Sample	Platelets in 150 mL	Description of Irradiation
No.	bags (mL)	J/cm ²
1	20	L "process control"
2	20	M
3	20	N .
4	20	0
5	20	Р
6	20	Q
7	20	R
8	20	S
9	~20	T "not spiked"
		cytotoxicity and viral interference

Note: "M-T" will be processed by the sponsor (T3I) and MicroBioTest has no knowledge of the level of the treatment process. "L" receives no treatment.

Post-treatment, the irradiated samples will be assayed for the presence of any residual infectious virus.

C. Test apparatus:

The T³I apparatus will be delivered and installed at MicroBioTest (MBT) by T³I technicians. The virology laboratory will prepare the spiked test bags of both FFP and platelets and hand over to T³I technicians (prior to delivery of bags for irradiation, biosafety issues will be discussed with T³I team). The T³I team will irradiate the bags and return them to virology laboratory for infectious PPV determination. The sponsor will hold all of the irradiation-related information.

D. Analysis of samples:

Following irradiation of both sets of FFP and platelet samples, the T³I team will deliver the samples to virology laboratory.

All the spiked samples will be serially diluted tenfold in cell culture medium (CCM) following SOP 1007.2 (1) and plated on semi-confluent monolayers of host cells (see below). Each dilution will be plated quadruplicate.

E. Cell culture:

Selected dilutions of the samples will be added to semi-confluent monolayers of host cells and incubated at 37±2C with 5±1% CO₂ for 60 to 90 minutes for viral adsorption. Post-adsorption, the monolayers will be washed once with Earle's balanced solution (EBSS) and incubated for an additional period of 4-7 days under the conditions given above. Four determinations will be recorded for each dilution of both tests and controls.

Post-incubation the infectious PPV will be assayed by immunofluorescence assay (IFA) (see below).

F. Immunofluorescence assay:

Post-incubation phase, the cell media will be aspirated and monolayers washed with PBS. The plates will be fixed with TC grade alcohol and left in a cold room until stained with FITC-conjugated Anti-PPV antiserum. The data thus obtained will be used to determine the fluorescent focus forming unit dose 50% per mL (FFFU₅₀/mL) using the Reed and Muench¹ method. The results of the tests will be compared with un-treated PPV-spiked FFP and platelet controls (see below).

F. Controls:

1. Viral interference in irradiated or non-irradiated FFP and platelet control (K and T "not spiked"):

This control will determine if irradiated or non-irradiated FFP and platelets interfere with PPV replication *in vitro*. To achieve this, equal volumes of either irradiated or non-irradiated FFP and platelet samples will be mixed with PPV and incubated for one to two hours, serially diluted and plated in host cell containing plates. This control will compared with a virus sample similarly treated except the blood products replaced with CCM.

¹. Reed, L.J and Muench, H.A 1938. A simple method of estimating fifty percent end points. Am. J. of Hyg., 27: 493-497.

Post-incubation these plates will be processed for determination of infectious PPV (see above). The non-irradiated FFP and platelet controls will be performed prior to initiating the test.

2. Cytotoxicity (K and T "not spiked"):

The cytotoxic effect of irradiated or non-irradiated FFP and platelet control will be determined in two parts. First, both irradiated or non-irradiated FFP and platelet controls will be serially diluted, plated on host cells and their cytotoxicity will be determined microscopically. Second, serially diluted samples of both irradiated or non-irradiated FFP and platelet control will be plated on the host cell plate and incubated for one to two hours at 37±2C with 5±1% CO₂. Post-incubation, the plates will be aspirated and washed once with EBSS and serially diluted PPV will be plated and incubated with the rest of the controls.

This control will be compared with a virus sample similarly treated except the blood products will be replaced with CCM. This control will determine if either irradiated or non-irradiated FFP and platelet alter the permissibility of the host cells to initiate PPV infection. The non-irradiated FFP and platelet controls will be performed prior to initiating the test.

3. Process controls (A and L):

To compare viral inactivation during the various process treatments of both FFP and platelet samples a non-treated bag of both FFP and platelets will be spiked with PPV. Samples from these bags will be serially diluted, plated, incubated and post-incubation processed with test samples. The results from these controls will be compared with test results to determine the \log_{10} viral inactivation in irradiated samples. These controls will be performed with test samples. These controls will determine the infectivity of virus post-spiking in non-irradiated FFP and platelets.

The titer of infectious PPV recovered will be compared directly with virus recovered from the processed sample test samples of both FFP and platelet. These controls will be performed at the same time as the test.

4. Virus stock titer:

In order to confirm the original virus titer, an aliquot of each virus inoculum will be serially diluted, plated on the host cell plates, incubated and post-incubation processed with the test plates. This control will be performed prior to initiation of the test.

5. Cell viability control:

Four wells will be inoculated with CCM only and processed in the same manner as the test plate during the incubation and post-incubation phase of the study. This control will demonstrate that cells remain viable throughout the course of the assay period. In addition, it will confirm the sterility of the cell culture media employed throughout the assay period.

G. Calculation:

The FFFUD₅₀/mL will be determined using the method of Reed and Muench, Am. J. of Hyg. 1938, 27:493. The test results shall be reported as PPV inactivation due to the process treatment and expressed as log₁₀ inactivation of infectious PPV.

TEST EVALUATION CRITERIA

According to the sponsor of the study, the compound passes the test if there is a 4-5 log₁₀ reduction when test samples are compared to the Process controls of both FFP and platelets respectively.

TEST ACCEPTANCE CRITERIA:

The test will be acceptable for evaluation of the test results if the criteria listed below are satisfied. The study director may consider other causes that may affect test reliability and acceptance.

- Virus must be recovered in the 10⁻⁶ dilution of the Process controls.
- Viral-induced cytopathic effects must be distinguishable from the cytotoxic effects of both irradiated and non-irradiated FFP and platelet controls.

MicroBioTest, Inc.

DATA PRESENTATION:

The final report will include the following information (if appropriate) for both the test and control cultures:

- Virus stock titer
- Test results
- Controls: process, cytotoxicity and viral interference
- Assay system.

STUDY DATES:

The anticipated date of study initiation (date when the study director signs the protocol) is within three weeks from receipt of letter of authorization with a purchase order number and signed protocol. The final report will be submitted to the sponsor upon study completion.

PERSONNEL AND TESTING FACILITIES:

A study director will be assigned prior to initiation of the test. Resumes are maintained and are available on request. This study will be conducted at MicroBioTest, Inc., 105B Carpenter Drive, Sterling, Virginia 20164.

RECORDS TO BE MAINTAINED:

All raw data, protocol, protocol modifications, test material records, final report, and correspondence between MicroBioTest and the sponsor will be stored in the archives at MicroBioTest, Inc., 105B Carpenter Drive, Sterling, Virginia 20164

All changes or revisions to this approved protocol will be documented, signed by the study director, dated and maintained with this protocol. The sponsor will be notified of any change, resolution, and impact on the study as soon as practical.

The proposed experimental start and termination dates; additional information about the test agent; challenge virus and host cell line monolayer used; and the type of neutralizer to be employed in the test will be addressed in a project sheet issued separately for each study.

MicroBioTest, Inc.

TEST SUMMARY

TITLE:

Evaluation of T³I Pathogen Inactivation System -

Using Porcine parvovirus

STUDY DESIGN:

This study was performed according to the signed protocol

and project sheets issued by the study director.

See Project Sheets (Appendix I) See signed protocol (Appendix II)

TEST MATERIALS:

T3I "Hemalight" system, received at MicroBioTest, Inc.

REDACTED assigned DS No. 5344

SPONSOR:

Triton Thalassic Technologies, Inc.

241 Ethan Allen Highway Ridgefield, CT 06877

.

TEST CONDITIONS

Challenge virus:

Porcine parvovirus, American BioResearch Laboratories, Seymour, TN / VMRD, Inc., Pullman, WA

Host:

PT-1 cells, American BioResearch Laboratories, Seymour, TN / VMRD, Inc., Pullman, WA

Active ingredient in test product:

Light

Neutralizer used:

N/A

Contact time:

Not known

Contact temperature:

Ambient

Media and reagents:

Earle's Balanced Salt Solution

Eagle Minimum Essential Medium containing 10% fetal bovine serum (CCM)

Fresh frozen plasma (FFP)

Platelets

Phosphate Buffered Saline

Tissue culture grade alcohol

FITC-conjugated Anti-PPV antiserum

STUDY DATES AND FACILITIES

The laboratory phase of this test was performed at MicroBioTest, Inc. 105B Carpenter Drive, Sterling, VA 20164, on two separate dates. The pre-test controls, consisting of viral interference and cytotoxicity controls (using non-irradiated FFP and platelets), input virus control and virus stock titer were tested from REDACTED The actual test with controls was tested from REDACTED The study director signed the protocopedacter protocopedacter is the date the study director signed the final report.

All changes or revisions of the protocol were documented, signed by the study director, dated and maintained with the protocol.

RECORDS TO BE MAINTAINED

All testing data, protocol, protocol modifications, test material records, the final report, and correspondence between MicroBioTest, Inc. and the sponsor will be stored in the archives at MicroBioTest, Inc., 105B Carpenter Drive, Sterling, VA 20164.

RESULTS

Results and data are presented in the Tables 1-10. The process controls met the established criteria for a valid test. The 50% fluorescent foci forming unit dose / mL was determined using the method of Reed and Muench, 1938.

Pre-Test Controls

Table 1 Sample "K" non-irradiated FFP

Dilutions	Viral Interference	Cytotoxicity Part 1	Cytotoxicity Part 2
10 ⁻¹	++++	0000	++++
10 ⁻²	++++	0000	++++
10 ⁻³	++++	0000	++++
10 ⁻⁴	++++	ND	++++
10 ⁻⁵	++++	ND	++++
10 ⁻⁶	++++	ND	++
10 ⁻⁷		ND	
10 ⁻⁸		ND	
10 ⁻⁹ .		ND	
10 ⁻¹⁰		ND	
FFFUD ₅₀ /mL	10 ^{6.50}	NA	·· 10 ^{6.00}

Table 2
Sample "T" non-irradiated Platelets

Dilutions	Viral Interference	Cytotoxicity Part 1	Cytotoxicity Part 2
10 ⁻¹	++++	0000	++++
10 ⁻²	++++	0000	++++
10 ⁻³	++++	0000	++++
10 ⁻⁴	++++	ND	++++
10 ⁻⁵	++++	ND	++++
10 ⁻⁶	++++	ND	++++
10 ⁻⁷	++++	ND	
10 ⁻⁸	·	ND	
10 ⁻⁹		ND	
10 ⁻¹⁰		ND	
FFFUD ₅₀ /mL	107.50	NA	10 ^{6.50}

Key: + = PPV infected cells were detected

- = PPV infected cells were not detected

0 = indicates no cytotoxicity was observed

ND = not determined

Pre-Test Controls

Table 3

Input Virus / Virus Stock Titer

Dilutions	Input Virus control	Virus stock titer (VST)
10 ⁻¹	++++	++++
10 ⁻²	++++	++++
10 ⁻³	++++	++++
. 10 ⁻⁴	++++	++++
10 ⁻⁵	++++	++++
10 ⁻⁶	++++	++++
10-7	+-++	++++
10 ⁻⁸	+-	++-+
.10 ⁻⁹		+
10 ⁻¹⁰		
FFFUD ₅₀ /mL	10 ^{7.50}	108.50

Table 4

Cell Viability Control	

Key: + = PPV infected cells were detected

- = PPV infected cells were not detected

0 = indicates no cytotoxicity was observed

ND = not determined

Test Results

Table 5

Dilutions	FFP Samples								
	В	C	D	E	F	G	Н		J
10 ⁻¹									
10 ⁻²									
10 ⁻³									
10-4									
10 ⁻⁵									
10 ⁻⁶									
10 ⁻⁷									
10 ⁻⁸									
10 ⁻⁹									
10 ⁻¹⁰							·		
FFFUD ₅₀ / mL	0	0	0	0	0	0	0	0	0

Table 6

Dilutions	Platelet Samples							
M M	M ·	N	0	Р	Q	R	S	
10 ⁻¹								
10 ⁻²								
10 ⁻³								
10-4								
10 ⁻⁵								
10 ⁻⁶			~ ~			<u>-</u>		
10 ⁻⁷								
10 ⁻⁸								
10 ⁻⁹								
10 ⁻¹⁰								
FFFUD ₅₀ / mL	0	0	0	0	0	0	- 0	

Key: + = PPV infected cells were detected

- = PPV infected cells were not detected

0 = indicates no cytotoxicity was observed

ND = not determined

Controls

Table 7

Sample "K" irradiated FFP

Dilutions	Viral Interference	Cytotoxicity Part 1	Cytotoxicity Part 2
10 ⁻¹	++++	0000	++++
10-2	++++	0000	++++
10 ⁻³	++++	0000	++++
10⁴	++++	0000	++++
10 ⁻⁵	++++	0000	++++
10 ⁻⁶	-+++	0000	++-+
10 ⁻⁷		ND	
10 ⁻⁸ ·		ND	
10 ⁻⁹		ND	
10 ⁻¹⁰		ND	
FFFUD ₅₀ /mL	106.33	NA	10 ^{6.33}

Table 8

Sample "T" irradiated Platelets

Dilutions	Viral Interference	Cytotoxicity Part 1	Cytotoxicity Part 2
10 ⁻¹	++++	0000	++++
10 ⁻²	++++	0000	++++
10 ⁻³	++++	0000	++++
10 ⁻⁴	++++	0000	++++
10 ⁻⁵	++++	0000	++++
10 ⁻⁶	++	0000	+
10 ⁻⁷		ND	
10 ⁻⁸		ND	
10 ⁻⁹		ND	
10 ⁻¹⁰		ND	
FFFUD ₅₀ /mL	10 ^{6.00}	NA	10 ^{5.67}

Key: + = PPV infected cells were detected

- = PPV infected cells were not detected

0 = indicates no cytotoxicity was observed

ND = not determined

Table 9 Process controls / Input virus / Viral stock titer

Dilutions	Sample A	Sample L	Input virus	Viral Stock Titer
10 ⁻¹	++++	++++	++++	++++
10 ⁻²	++++	++++	++++	++++
10 ⁻³	++++	++++	++++	++++
10⁴	++++	++++	++++	++++
10 ⁻⁵	+-++	++	++++	++++
10 ⁻⁶	++		++++	++++
10-7			++	++++
10 ⁻⁸				+-+-
10 ⁻⁹				
10 ⁻¹⁰ ·				
FFFUD ₅₀ /mL	105.77	105.00	107.00	108.00

Table 10

Cell Viability Control	l
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Key: + = PPV infected cells were detected

-= PPV infected cells were not detected

0 = indicates no cytotoxicity was observed

ND = not determined

NA = not applicable

CONCLUSION

When Porcine parvovirus (PPV)-spiked fresh frozen plasma (FFP) and platelet bags were exposed to T3I "Hemalight" system by the sponsor, T3I "Hemalight" system inactivated ≥ 5 log₁₀ of infectious PPV, as compared to the process controls. The process controls met the Test Acceptance Criteria stated in the protocol for a valid test. These conclusions are based on observed data.